

**RAWMARSH  
URBAN DISTRICT COUNCIL**

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**ANNUAL REPORTS**

OF THE

**MEDICAL OFFICER  
OF HEALTH**

AND THE

**SANITARY INSPECTOR**

FOR

**1951**



# RAWMARSH URBAN DISTRICT COUNCIL

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### Medical Officer of Health :

D. J. CUSITER, M.B., Ch.B., D.P.H., D.T.M., & H.

### Sanitary Inspector :

G. RAWLINSON, Cert. R.S.I. & S.I.E.J.B.



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**Annual Report of the  
Medical Officer of Health  
for the Year 1951.**



Public Health Department,  
Dunford House,  
Doncaster Road,  
Wath-upon-Dearne.

*To the Chairman and Members of the  
Rawmarsh Urban District Council.*

Mr. Chairman, Madam and Gentlemen,

I have the honour to present to you the Annual Report on the health of the district for the year ending 31st December, 1951. Since that time the Sanitary Inspector, Mr. Davis, has retired and I take this opportunity of wishing him a long and happy retirement. He had served the Council since 1925, when there was an extensive outbreak of Smallpox, and in that period had seen great changes for the better in the health and sanitation of the district. I welcome Mr. G. Rawlinson who has taken his place and wish him every success in his new appointment.

The general health of the district was satisfactory. The infant mortality rate remains higher than I would like to see it at a figure of 37 per 1,000 but is lower than for the previous year with 12 infant deaths in the year under review, as against 14 in the previous year. I am pleased to report that there was no Maternal death during the year.

Much better progress has been made in housing but there is a need for 600 new houses in the area if every family is to have a home to themselves and all substandard houses were to be dealt with. Satisfactory progress has been made in the control of Tuberculosis and some cases have been rehoused in more suitable accommodation. I thank the Council for their co-operation in this very important matter.

There has been a great increase in the number of children immunised against Diphtheria in the age group 5-15 years but there are insufficient children under the age of 5 being immunised and if a



Diphtheria outbreak were to start in the area there are not sufficient of the under fives immunised to prevent it spreading throughout this age group. The potential danger of Diphtheria remains as great as ever.

I thank the members of the Council for their interest in the health of the district. I also thank Mr. Rawlinson and Mr. James for their co-operation and the health staff and general practitioners who have made the above statistics possible.

I remain,

Your obedient Servant,

D. J. CUSITER,

*Medical Officer of Health.*

### Section A.

#### NATURAL AND SOCIAL CONDITIONS OF RAWMARSH URBAN DISTRICT.

Area (in acres) .. .. .	2,607
Population (Census 1931) .. .. .	18,570
Registrar-General's Estimate of Resident Population mid. 1951 .. .. .	18,720
Number of Inhabited Houses (Census 1931) .. .. .	4,523
Number of Inhabited Houses (31st December, 1951) .. .. .	5,191
Rateable Value .. .. .	£77,364
Nett Product of a Penny Rate .. .. .	£297
Height above Sea Level .. .. .	64-380 ft.

The main industries in Rawmarsh are steel, coal and chemical manufacture. Unemployment was minimal during the year. There is little local demand for female labour.

#### COMPARATIVE VITAL STATISTICS FOR 1951.

	1951	1950	Eng. & Wales 1951
Live Birth rate per 1,000 population:			
Crude .. .. .	17.3	17.63	—
Adjusted .. .. .	18.17	18.51	15.5
Stillbirth rate per 1,000 population .. .. .	0.43	0.57	0.36
Death rate per 1,000 population:			
Crude .. .. .	12.23	12.09	—
Adjusted .. .. .	13.94	13.78	12.5
Infant Mortality rate per 1,000 live births .. .. .	37.03	42.29	29.6
Neo-Natal Death rate per 1,000 live births .. .. .	15.43	23.87	*
Maternal Mortality rate per 1,000 births .. .. .	Nil	2.98	0.79

\* Figures not available

## VITAL STATISTICS FOR 1951 IN DETAIL.

				Males.	Females.	Total.
Live Births: Legitimate	..	..		168	145	313
Illegitimate	..	..		4	7	11
Stillbirths: Legitimate	..	..		3	5	8
Illegitimate	..	..		—	—	—
Deaths of Infants under one year:						
Legitimate	..	..		6	5	11
Illegitimate	..	..		1	—	1
Deaths (all ages)	..	..	..	130	99	229

### Stillbirths.

Rate per 1,000 births	..	..	..	..	..	..	24.09
Comparability factors: Births	..	..	..	..	..	..	1.05
Deaths	..	..	..	..	..	..	1.14

### Deaths from Puerperal Causes.

				Deaths.	Death rate per 1,000 births.
Puerperal and Post-abortion sepsis	..	..	..	Nil	—
Other maternal causes	..	..	..	Nil	—

### Death rate of Infants under one year of age.

All Infants per 1,000 live births	..	..	..	..	..	37.03
Legitimate Infants per 1,000 legitimate live births	..	..	..	..	..	35.14
Illegitimate Infants per 1,000 illegitimate live births	..	..	..	..	..	90.91
Neo-Natal Death rate	..	..	..	..	..	15.43

### Causes of Death in 1951.

					Males.	Females.
1. Tuberculosis (Respiratory)	..	..	..	..	3	—
2. Tuberculosis (Other)	..	..	..	..	1	1
3. Syphilitic disease	..	..	..	..	—	—
4. Diphtheria	..	..	..	..	—	—
5. Whooping Cough	..	..	..	..	—	—
6. Meningococcal Infections	..	..	..	..	—	—
7. Acute Poliomyelitis	..	..	..	..	—	—
8. Measles	..	..	..	..	—	—
9. Other Infective and Parasitic diseases	..	..	..	..	—	—
10. Cancer of stomach	..	..	..	..	2	3
11. Cancer of lungs or bronchus	..	..	..	..	4	—
12. Cancer of breast	..	..	..	..	—	2
13. Cancer of uterus	..	..	..	..	—	4
14. Other cancer or Lymphatic cancer	..	..	..	..	8	3
15. Leukaemia or Aleukaemia	..	..	..	..	—	—
16. Diabetes	..	..	..	..	—	2
17. Vascular Lesions of the Nervous System	..	..	..	..	13	14
18. Coronary disease or Angina	..	..	..	..	13	8
19. Hypertension with Heart disease	..	..	..	..	3	5
20. Other Heart disease	..	..	..	..	20	26

21.	Other Circulatory disease	..	..	..	5	1
22.	Influenza	..	..	..	6	2
23.	Pneumonia	..	..	..	7	1
24.	Bronchitis	..	..	..	17	6
25.	Other diseases of respiratory system	..	..	..	1	1
26.	Ulcer of stomach or duodenum	..	..	..	4	—
27.	Gastritis, Enteritis and Diarrhoea	..	..	..	2	—
28.	Nephritis or Nephrosis	..	..	..	2	—
29.	Enlarged prostate	..	..	..	2	—
30.	Pregnancy, childbirth or abortion	..	..	..	—	—
31.	Congenital malformation	..	..	..	—	1
32.	Other defined or ill-defined diseases	..	..	..	11	16
33.	Motor vehicle accidents	..	..	..	—	—
34.	Suicide	..	..	..	2	—
35.	Homicide and operations of war	..	..	..	—	—
36.	All other accidents	..	..	..	4	3
					<hr/> 130	<hr/> 99

### Comment on Statistics.

There were seven less live births than in 1950 but the birth rate is still higher than that for the country as a whole. Twelve infants died under the age of one year compared with fourteen such deaths in 1950. I would like to see this figure reduced still more. I am pleased to report that there was no maternal death in the year under review.

The main causes of death are diseases of the circulatory system, heart disease, cancer and diseases of the respiratory system. All these are diseases of an ageing population and it is a fact that there are more old people in Rawmarsh to-day than ever before.

### Deaths of Infants under One Year of Age, 1951.

<i>Cause of Death.</i>				<i>Age.</i>	<i>Died at</i>
1.	Prematurity	..	..	24 hours	Hospital
2.	Meningitis, Otitis Media	..	..	6 months	Hospital
3.	Broncho-Pneumonia, Enteritis	..	..	10 months	Home
4.	Subdural Haemorrhage, Precipitate Labour, Prematurity	..	..	4 hours	Home
5.	Prematurity	..	..	10 hours	Hospital
6.	Bronch-Pneumonia	..	..	2 months	Hospital
7.	Gastro Enteritis	..	..	1 month	Hospital
8.	Broncho-Pneumonia	..	..	6 months	Hospital
9.	Spina Bifida	..	..	3 months	Home
10.	Prematurity, Erythro Blastosis Foetalis			5 days	Hospital
11.	Prematurity, Hare Lip	..	..	2 days	Home
12.	Convulsions, Acute Otitis Media	..	..	8 months	Home

### Causes of Death of Infants.

There were twelve infant deaths—two less than in the previous year.

Five of these deaths were associated with prematurity, either with or without some congenital defect. Some of the causes of prematurity



are known, e.g., multiple pregnancies, toxæmia, maternal and foetal blood differences, maternal ill health, overwork by the mother in the last weeks of pregnancy, defective nutrition. In some instances there appears to be no reason for them. The incidence of premature births can be materially reduced by good nutrition, i.e., using the Ministry of Food supplementary vitamins, by adequate rest in the last months of pregnancy—in this respect mothers must be made aware that it is unwise to personally spring-clean the house just when baby is due, by early booking with the General Practitioner or midwife so that supervision begins early, and by early blood examination. Mothers can have this examination carried out at the ante-natal clinic whether they wish to attend subsequently or not. The family doctor is notified of the result.

Once a premature child is born special cots are available and are delivered by ambulance from Dunford House. A midwife specially trained in nursing such babies assists the family doctor to care for the child. Prematurity forms the hard core of infant mortality.

One infant died from a congenital defect the cause of which is obscure and which cannot be prevented with present knowledge.

Six infants died from infective conditions. Little children have little resistance to infective conditions—this resistance grows with age. For this reason any infective condition in a child of under six months is of the gravest import if medical aid is not summoned in time. The untreated child's chance of survival increases slowly with age but up to a year resistance remains low. If the family doctor is to be given a chance of saving the child he must be called in early. If called to a child in extremis it may be that the modern powerful drugs, which can cure early cases of all the above infective conditions, may be powerless to prevent the death of the child.

Taking into consideration the serious overcrowding in some houses and the fact that, in the majority of instances, the mother's care of the infant is steadily improving, I still think there could be a reduction in the infant deaths from infective conditions. This can best be achieved by calling in the family doctor in time. Health visitors have been advised to impress this fact on all mothers. They have also been advised to increase home visiting—the mother who has a large family may not be able to come to a clinic but she still needs all the help and assistance we can give.

The Council can help greatly in this matter by rehousing overcrowded families as soon as opportunity permits. Overcrowding and infection are old friends.

## **Section B.**

### **GENERAL PROVISION OF HEALTH SERVICES IN THE AREA.**

#### **Hospital Services.**

Rawmarsh is in the Sheffield Regional Hospital Board area. Rotherham and Mexborough Hospital Management Committee provide services in the area.

General Hospitals are:

- (a) Moorgate General Hospital, Rotherham.
- (b) Doncaster Gate Hospital, Rotherham.
- (c) Montagu Hospital, Mexborough.

In special cases patients may be referred to hospitals outside the area, e.g. Sheffield.

### **Geriatric Hospital.**

Badsley Moor Lane, Rotherham.

A unit has been established here for the rehabilitation of aged sick; admission to this hospital is invariable through Moorgate General Hospital where the selection of suitable cases is made. This unit is doing invaluable work for the aged sick.

### **Infectious Diseases.**

Wath Wood Isolation Hospital was for cases of general infectious disease. Partly owing to the success attending Public Health measures of control and prevention of infectious disease this hospital had always the majority of its beds unoccupied. The Regional Hospital Board decided to close Wath Wood Infectious Diseases Hospital on the 31st December, 1951, and to reopen it on the 1st of January, 1952, as a hospital for Tuberculosis. As Medical Officer of Health I am in agreement with this policy which will release a number of beds which have been unoccupied for years for the pressing need of the young tubercular patient. Cases of Poliomyelitis and Smallpox are admitted to Lodge Moor Hospital, Sheffield.

### **Maternity Hospitals.**

The following hospitals cater for midwifery in cases where hospital care is considered desirable:

- (a) Montagu Hospital, Mexborough.
- (b) Moorgate General Hospital, Rotherham.
- (c) Listerdale Maternity Home, Rotherham Rural District.
- (d) Hallamshire Maternity Hospital, Chapeltown.

The Jessop Hospital, Sheffield, admits special cases.

### **Mental Hospitals.**

Cases of mental illness are sometimes accommodated for observation at Moorgate General Hospital. The Middlewood Hospital, Sheffield admits the majority of our cases for treatment.

### **Tuberculosis Sanatoria.**

Cases are admitted to sanatoria by arrangement with Dr. A. C. Morrison, 1 Chatham Villas, Chatham Street, Rotherham.

### **Children's Hospital—Special Cases.**

Sick Children's Hospital, Western Bank, Sheffield.

### **Venereal Diseases.**

Diagnosis and treatment is carried out at the special treatment centre, Queens Road, Barnsley, or at 12 Frederick Street, Rotherham,



or at centres elsewhere. There is absolute freedom in the choice of centre and treatment is confidential. A Social Worker assists in tracing contacts. The incidence of venereal disease is negligible. In the course of the year posters have been distributed for display in all factories in the area with the addresses of the local treatment centres superimposed.

### Ambulance Service.

The division is covered by the County Ambulance Service operating from a depot at Dunford House. The Superintendent, Mr. F. Hyde, is in charge. There were no complaints received and the number of vehicles is sufficient to meet all demands.

### Laboratory Service.

The Public Health Laboratory, Wakefield, is the centre for detailed investigation of bacteriological specimens. The services of such an efficient laboratory as this make all the difference between success and failure in investigating outbreaks of disease. Examinations of the bacterial purity of water, milk, ice cream, etc., is also carried out by this laboratory. Blood grouping for the maternity services is carried out by the Regional Blood Transfusion Centre, Sheffield.

### Notifications of Infectious Diseases.

Ward.	Meas-les.	Whoop. Cough.	Scarlet Fever.	Pneu-monia.	Erysi-pelas.	Menin-gitis.	Puerp. Pyrex.	Polio. myel.	Total.
Ryecroft ..	26	3	2	—	—	—	—	—	31
Rosehill ..	60	6	3	1	—	—	—	—	70
East ..	49	3	2	1	1	—	—	2*	58
West ..	45	10	2	1	1	—	—	1	60
South ..	47	6	3	—	—	—	—	—	56
Central ..	51	12	3	—	1	1	2	1	71
Totals ..	278	40	15	3	3	1	2	4	346

\* One of these was not confirmed on admission to hospital.

### Diphtheria.

No case was notified in the course of the year. There has been a great increase of immunisation in the school population aged 5-15 and for the first time in Rawmarsh over 75% of the age group are protected. The under 5 years of age group are only 38% protected. This means that a Diphtheria epidemic could spread fairly easily through this group. Some mothers think that it is best to wait until the child reaches school age before protection is offered. Those of us who have bitter memories of this disease advise protection any time after six months and certainly before the child becomes a year old. As Diphtheria becomes more of a rarity the need for immunisation increases. There is no room for complacency with only 38% of the under fives protected.

### Poliomyelitis.

Four cases were notified but only three were confirmed. The confirmed cases occurred in the months of June, August and November.

One case recovered completely, one made good recovery and only very slight paralysis and the remaining case suffered residual paralysis of the shoulder muscles. This case is receiving after-treatment for the affected muscles.

It must be remembered that experimental evidence suggests that for every case of Poliomyelitis that comes to diagnosis there are anything from 1 to 100 cases walking about infected with the disease, and capable of spreading it but showing no clinical signs and apparently appearing quite fit and well. The method of spread is obscure but the virus is definitely passed in the excreta of infected cases and has been recovered from such cases for periods up to several weeks after infection. The virus has also been recovered from the nose and throat discharges of infected cases. It may be spread by flies. There are no known means of prevention. Control is effected by early diagnosis and isolation of all cases during the infectious period. In this connection the most infectious period is a few days before the acute stage of the illness and also the first week of the illness or until the temperature is normal. Articles soiled with nose and throat or bowel discharge should be simply disinfected. Children who are home contacts should be excluded from school for 21 days. During epidemics or in cases of known exposure children should avoid getting overtired. This means early to bed in the summer months. They should avoid crowded places where hundreds of children are brought together and ventilation is inadequate. Staying in swimming baths too long so that the children become thoroughly chilled puts an extra strain on the child's resistance and is to be condemned. Flies should be kept off food, especially food which is to be eaten uncooked. The hands must be washed before every meal and always after using the toilet. By failing to do this the virus may be transferred to the mouth and so into the body. If anyone develops a headache, sore throat, severe pains in the back and limbs and slight fever, they should retire to bed, stay at rest and call the family doctor. When the disease develops, out of every 100 cases, more than 50 will have complete recovery and many of the remainder will only have partial paralysis. Incidentally road accidents killed six times as many people as did Poliomyelitis in the severe 1947 epidemic in England and Wales and severely crippled 35 times as many. There is no doubt that early diagnosis and complete rest in bed may save paralysis from assuming severe proportions. Information on the above lines was circulated to all headteachers during the course of the year so that they would have some knowledge of the disease, as an educated public will go a long way towards preventing panic when infrequent cases arise.

### **Measles.**

An extensive outbreak of Measles continued from the previous year and ceased suddenly in May. Modern treatment with Sulpha drugs or penicillin has robbed Measles of much of its complications. This outbreak was mild. There is as yet no means of prevention of this disease that can be applied to the infant population as a whole.

### **Scarlet Fever.**

There were 15 notified cases. If home conditions are suitable this disease, in a straightforward case, is best nursed at home. This



considerably lowers the complication rate. Adequate isolation must be maintained to the satisfaction of the health authority. In cases where there are food or milk handlers in the household it is best to have the patient admitted to hospital.

### Whooping Cough.

This severe disease with its crippling and dangerous complications occurred in small numbers through the first six months of the year. Work is proceeding on the development of a vaccine that will provide a more certain degree of immunity than those now in use. When this is developed it will be the policy of the health authority to immunise infants so that they are protected from Whooping Cough.

### Puerperal Pyrexia.

The Puerperal Pyrexia regulations came into force on the 1st August, 1951. The definition now includes any febrile condition occurring in a woman in whom a temperature of 100.4 degrees Fahrenheit or above has been recorded within 14 days of childbirth or miscarriage.

### Tuberculosis.

Number on Register at 31st December, 1951.

	Males.	Females.	Total.
Pulmonary .. .. .	41	16	57
Non-Pulmonary .. .. .	12	10	22
Totals .. .. .	53	26	79

Number removed from Register during 1951.

	Pulmonary.		Non-Pulmonary.		Total.
	Males.	Females.	Males.	Females.	
Deaths .. .. .	3	—	1	1	5
Others (cured, re-diagnosed, transfers out of area, etc.) .. .. .	—	—	—	—	—
Totals .. .. .	3	—	1	1	5

Number added to Register during 1951.

	Pulmonary.		Non-Pulmonary.		Total.
	Males.	Females.	Males.	Females.	
New notifications .. .. .	5	5	1	2	13
Others (cases restored to register, transfers, etc.)	1	1	1	2	5
Totals .. .. .	6	6	2	4	18

**New Notifications—Pulmonary.**

Age Groups.						Males.	Females.
0—5 years	..	..	..	..	..	—	1
5—15	„	..	..	..	..	—	—
15—25	„	..	..	..	..	1	3
25—35	„	..	..	..	..	1	1
35—45	„	..	..	..	..	2	—
45—60	„	..	..	..	..	1	—
Totals	..	..	..	..	..	5	5

No. of Contacts given B.C.G. Vaccine=10.

	1951	1950	1951
	Rawmarsh.	Rawmarsh.	Eng. & Wales.
Tuberculosis Death rate ..	0.27	0.27	0.31

Tuberculosis is a disease primarily of the young. It is tending to appear with increasing frequency in young women.

Where an infectious case exists in a substandard home the chances of infection spreading to the other members of the family are 5–4 times greater than the average. Children have little resistance to infection and in overcrowded conditions, in contact with an open case, readily become infected. It is for this reason that it is so important to rehouse selected cases in suitable accommodation where sunlight can enter and where one can safely open windows without having the bedlinen covered with smuts and soot. Fresh air, sunlight and separate sleeping accommodation coupled with drug treatment at home and specialist treatment in Sanatorium are the routine.

I am pleased to say that the Council have been of assistance in housing selected cases.

Where, owing to loss of earning capacity the patient requires a bed, bedlinen, etc., for purposes of isolation in a separate room, these can be provided by the West County Council on loan. Two pints of milk per patient per day may also be allocated free of charge where there is need. Wax proofed cartons with a lid are distributed free to all infectious cases for use as sputum containers—these should be destroyed after use by burning in the fire. The health visitors act as the link between the patient, the family doctor, the medical officer of health and the chest physician. Contacts may attend at the chest clinic for examination. Child contact are kept under observation by the school health authorities and receive immunisation with B.C.G. vaccine against Tuberculosis.

All these measures will assist in limiting the spread of the disease. Quarterly home reports are submitted to the chest physician on all cases by the health visitors. Early medical attention combined with chest X-ray of all young suspects, plus the X-ray of all chronic bronchitic cases are proved means of lowering the number of cases. There is no undue delay in obtaining sanatorium accommodation, but the problem of the old infectious case living alone beyond hope of recovery who takes in lodgers, usually young married couples with children, remains a source



of anxiety. Similarly there are still some misguided patients who refuse to enter a sanatorium until their health is in a desperate state thereby prejudicing their chances of recovery.

Volunteer home helps assist in some tubercular households.

#### **Section 47, National Assistance Act, 1948.**

This provides for the removal to suitable premises of persons in need of care and attention. No action was taken in the district in 1951.

### **SANITARY CIRCUMSTANCES OF THE AREA AND HOUSING.**

#### **Sewage Works.**

Satisfactory operation continued throughout the year.

#### **Water Supply.**

This is obtained from the Sheffield Corporation and is supplied filtered and chlorinated. Analyses are made at regular intervals. The quality is satisfactory. A new reservoir is being constructed so that storage capacity may be increased. There is an increasing demand for water for industrial purposes.

#### **Housing.**

I am pleased to report that 33 houses were erected in the district in 1951; this is exactly three times more than the year before. Thirty of these houses were erected for letting by you as a council. Let us all hope that this trebling of the rate of building can be maintained each year for several years to come. By providing adequate housing accommodation, by relieving overcrowding where it exists and by siting new housing estates in pleasant surroundings away from the severe industrial pollution of the atmosphere, local authorities can do more for the health and happiness of their citizens than any other single department of the welfare state.

The degree of overcrowding that still exists in many of the homes in Rawmarsh is reflected in the high rate of admission to hospital for confinements, when compared with Wath and Swinton. This is due primarily to adverse home conditions and substandard housing or overcrowding and is not due to medical or obstetric causes. This is well known to me because as your Medical Officer of Health I decide the priorities for admission to hospital on social grounds. There are 177 known cases of overcrowding in the district involving 306 families. There are almost 500 families on the housing list who are in lodgings or living with their parents. In addition to this we have several hundred families living in substandard property, a legacy from the last century. There is, therefore, an urgent need for between 600 and 700 houses in the district before each family can possess that foundation stone of good citizenship, a home to themselves. Good health both physical and mental will follow. It is a formidable challenge and is of course part of the national housing shortage, but do not let the duration of the problem blunt the appreciation of its gravity. Overcrowded homes can cast their evil effects over the children as well as the parents. In order to meet this immediate housing problem we all hope that the present increased rate of building is maintained and improved.

## PERSONAL HEALTH SERVICES—DIVISION 26.

(Wath, Rawmarsh and Swinton Urban Districts.)

### Summary of Vital Statistics for 1950 and 1951 for Division 26.

	1951	1950
Area of Division .. .. .	7,990	acres
Estimated Population .. .. .	44,460	
Birth Rate (per 1,000 estimated population) .. ..	17.0	18.04
Death Rates (per 1,000 estimated population):		
All causes .. .. .	11.9	11.47
Cancer .. .. .	1.33	1.57
Heart and Circulatory .. .. .	4.48	4.34
Infective and Parasitic Diseases, excluding T.B. ..	0.05	0.11
Respiratory Diseases .. .. .	1.60	1.28
Respiratory Tuberculosis .. .. .	0.29	0.29
Other Tuberculosis .. .. .	0.69	0.07
All Tuberculosis .. .. .	0.38	0.36
Maternal Mortality .. .. .	1.30	2.44
Infant Mortality (Rate per 1,000 live births) ..	31.7	36.16

### Comparative Table of Statistics for Urban and Rural Districts in the West Riding and England and Wales for 1951.

	Live Birth Rate.	Death Rate.	Infective and Parasitic Dis. excluding T.B. Death Rate.	Respiratory Diseases Death Rate.	Heart and Circulatory Diseases.	Cancer.	Tuberculosis Death Rate.	Infant Mortality Rate.	Maternal Mortality.
Division 26 ..	17.0	11.9	0.05	1.60	4.48	1.37	0.38	31.7	1.30
U.D.'s in West Riding	15.6	13.5	0.11	1.90	5.10	1.89	0.28	30.8	0.81
R.D.'s in West Riding	16.5	10.7	0.09	1.55	3.72	1.56	0.27	34.3	1.24
Administra- tive County	15.8	12.7	0.10	1.81	4.72	1.80	0.28	31.8	0.93
England and Wales ..	15.5	12.5	—	—	—	1.96	0.31	29.6	0.79

### Home Nursing Service, Division 26.

The staff consists of six full-time nurses, 1 Home-Nurse-Midwife, and 3 part-time Home Nurses. The service is available to all sick people, including children, who are being cared for at home. Requests for attendance of the Home Nurse should be made by the family doctor. Equipment is also issued, on loan, for such cases, e.g., 7 Dunlopillo mattresses, 3 hair mattresses, 2 beds complete with self-lifting pole, 2 ordinary beds, 1 air bed, 1 Scrbo mattress, 4 folding wheel chairs, bed pans, urinals, air rings, bed rests, crutches, walking sticks, etc.

The Home Nurse works in close contact with the family doctor and carries out treatment under his instructions. They give a large number of penicillin injections for acute diseases, injections of pain-easing drugs for malignant disease, sedatives in the case of heart failure,



injections of insulin for those diabetics who are too old to be trained to self-administer it. In many cases they train relatives to give the insulin. They are the "sheet anchor" in the home care of the elderly sick and infirm. Without their help many more of these cases would have to be admitted to hospital.

The service is still not used to proper advantage by some of the aged sick, particularly where husband and wife may both be infirm but are too independent to ask for assistance.

In some cases application is made to the National Assistance Board for assistance in providing bed-linen and blankets, and all such cases have been most satisfactorily dealt with by Mr. J. Millar, Area Officer of the National Assistance Board. In the Swinton area assistance is rendered to cases that do not qualify for the National Assistance Board grant by the Swinton and District Nursing Association. This assistance is a great comfort to the aged sick of Swinton. Last year Home Nurses made a total of 23,220 visits to 842 *individual cases*, 110 more individual cases than last year.

We were fortunate in the Wath area in obtaining the services of Nurse Gorse, a Queens trained nurse who is a welcome addition to our staff. I have to report that the service is in a most satisfactory state.

### INFANT WELFARE CENTRES.

Centre.	Doctor in Charge.	No. of individual children who attended during year.	Total No. of attendances made by children in previous column during the year.	
			Under 1 yr. of age.	Over 1 yr. of age.
Wath .. ..	Dr. J. G. O'Keeffe	180	1820	431
West Melton ..	Dr. J. G. O'Keeffe	167	1716	591
Swinton .. ..	Dr. I. Campbell	520	2717	1034
Kilnhurst* ..	Dr. H. A. Adam	101	424	212
Rawmarsh ..	Dr. H. A. Adam	605	1338	850
Parkgate ..	Dr. M. R. Menzies	156	486	243
Totals ..		1729	8501	3361

\* Commenced 11.7.51.

### No. of Home Visits made by Health Visitors within the Division during the Year :

	First Visits.	Total Visits.
Expectant Mothers .. ..	243	304
Children under 1 year .. ..	766	5184
Children between 1 and 5 .. ..	69	8578
Other Cases .. ..	448	5909
Totals .. ..	1526	19975

### Health Visiting Service.

The staff consists of 7 Health Visitors and 2 Assistant Health Visitors. Each Health Visitor is also employed as a School Nurse. In the course of the year two Assistant Health Visitors proceeded on

the training course, one at Hull and one at Leeds and another returned from Leeds having qualified as a Health Visitor.

The clerical staff at Dunford House have been made responsible for the sale of dried foods at the Infant Welfare Centres thus allowing the Health Visitors more time for their own work. A new centre was opened at Kilnhurst in July and the one held at Rock House on Wednesdays was closed. Specialist opinion is obtained by referring cases to the family doctor and, with his permission to Dr. Harvey, the *Child Health Specialist*. The main purpose of all the centres is to advise the mother on good child management and such advice is given by the Medical Officer in charge and by the nurses. Sick children should not be taken to the centres but to the family doctor who is responsible for the treatment of the child.

Attendance at the centres is satisfactory. The Health Visitor also visits the homes of all children in the area, maintaining a close link with the family doctor, the Children's Officer, the Welfare Services and the N.S.P.C.C. Selective visiting is carried out, the frequency of the visits being related to need. Several talks by acknowledged experts on Breast Feeding were arranged for the Health Visitors in the course of the year.

### BIRTHS.

	Domiciliary.	Institutional.	Proportion of Domiciliary to Institutional.
Wath .. ..	151	80	2 : 1
Swinton .. ..	134	75	2 : 1
Rawmarsh .. ..	147	185	7 : 9

### ANTE-NATAL CLINICS.

Clinic.	Doctor in Charge.	No. of women who attended.	No. of women who attended for blood examin. only.	Total No. of attendances made by women.
Wath .. ..	Dr. D. Chapman	85	25	390
Swinton .. ..	Dr. H. H. Smith	186	—	776
Rawmarsh .. ..	Dr. D. Pindar	128	76	314
Rawmarsh .. .. (Midwives* Barber's Av.)	Midwives only in attendance	76	—	303
Rawmarsh .. .. (Midwives† Nurses' Home)	Midwives only in attendance	90	—	423
Totals .. ..		565	101	2206

\* Commenced 5.7.51.

† Ceased 30.6.51.

### POST-NATAL CLINICS.

(Held jointly with Ante-Natal Clinics.)

Clinic.	Doctor in Charge.	Number of women who attended.	Total No. of attendances made by women.
Wath .. ..	Dr. D. Chapman	34	34
Swinton .. ..	Dr. H. H. Smith	53	53
Rawmarsh .. ..	Dr. D. Pindar	39	43
Totals .. ..		126	132



## Maternity Services—Division 26.

The basis of a satisfactory maternity service as at present organised rests on adequate co-operation between the midwife, family doctor and hospital services. It has been my aim to ensure this co-operation as far as the Local Health Authority is concerned. Family doctors are notified of abnormal findings at the ante-natal centres. Arrangements were made in mid-year to extend blood examination to mothers not attending ante-natal centres. All cases so examined receive a card on which their blood group is printed so that there is no delay or danger when a transfusion is required. In the course of the year the clinic conducted by midwives at the Nurses' Home in Rawmarsh was transferred to the County Clinic at Barber's Avenue. A health visitor normally attends each ante-natal clinic and advises in infant care. This teaching of the young mothers is one of the most important functions of an ante-natal centre. Two midwives proceeded on refresher courses, one at Oxford and one at Bristol. All midwives are trained in the use of the Gas and Air machine and the majority in the use of Pethedine, a synthetic drug used by itself or in conjunction with gas and air and intended to afford relief in childbirth. Mothers are offered post-natal examination but only a wise minority accept. Defects discovered at this time are more easily dealt with than at a later date and in this respect the examinations can save a great deal of subsequent chronic ill health.

### PREMATURE BIRTHS.

District.	Born Alive.			Still-Born.			No. Rem. to Hosp. after Birth.	No. who survived 28 days.		
	At Home	In Hosp.	Total.	Home	Hosp.	Total.		Born at Home.	Born in Hosp.	Total.
Wath ..	7	12	19	2	2	4	1	4	12	16
Swinton ..	6	5	11	—	2	2	2	5	3	8
Rawmarsh..	6	17	23	2	2	4	—	5	14	19
Totals ..	19	34	53	4	6	10	3	14	29	43

Special cots are delivered by the ambulance service for nursing premature babies, i.e., babies weighing  $5\frac{1}{2}$  lbs. or under at birth; the majority of the midwives have been on courses in premature baby care at the Sorrento Maternity Institute, Birmingham, so that our premature babies will be given every chance of survival. Where there is no associated abnormality or defect they have an excellent chance. A reduction in the number of premature births can only be achieved by attention, throughout pregnancy, to nutrition, rest and efficient ante-natal care.

### Care of the Unmarried Mother and her Child.

Special attention is given to this problem on account of the social implications and because such cases tend to avoid ante-natal care. Arrangements can be made for the confinement to take place in institutions where this is requested and applicants are given assistance in obtaining maintenance orders and notified of arrangements for adoption. The majority of the children are kept by the mother and in some cases the grandparents. This is the ideal solution.

## Domestic Help Service.

191 cases were assisted in the course of the year and 4,860 more hours were devoted to the care of the cases. There was an overall increase of 9 aged cases receiving assistance. This was made possible by the fact that 10 less confinements had to be assisted.

Where both husband and wife are aged and infirm we are often requested to provide what amounts to a full-time service; this cannot be done and such cases are given adequate assistance to keep the home neat and tidy and are advised to seek help from voluntary organisations for their other needs.

This is a most necessary service and in the course of the year no genuine case has been refused assistance. It requires careful supervision and all cases are reviewed periodically and the time allocated revised if necessary.

## Divisional Statistics for Domestic Help Service.

Establishment of Domestic Helps	..	..	13 Full-time.
No. of Domestic Helps employed	..	..	14 Part-time.

Cases provided with Domestic Help during the year ended 31st December, 1951:

	No. of cases.	Hours.
Illness (excluding aged):		
(a) Tuberculosis .. .. .	2	590
(b) Others .. .. .	28	5764
Confinements .. .. .	84	6991½
Expectant Mothers .. .. .	6	665
Mentally Defective .. .. .	—	—
Aged:		
(a) Illness .. .. .	64	8952½
(b) Infirmary .. .. .	3	553¼
Children of School age .. .. .	4	1170
Totals .. .. .	191	24686¼

## MENTAL HEALTH SERVICE.

### Mentally Defective Persons.

	Wath.	Rawmarsh.	Swinton.	Total.
(1) (a) Total No. .. .. .	36	39	28	103
(b) No. ascertained during 1951 .. .. .	1	4	2	7
(2) (a) No. under Guardianship	2	3	1	6
(b) No. under Statutory Supervision .. .. .	30	30	23	83
(c) No. under Voluntary Supervision or Observation .. .. .	2	5	4	11
(d) No. on licence from Institutions .. .. .	2	1	—	3



	Wath.	Rawmarsh.	Swinton.	Total.
(3) (a) No. awaiting Institution admission .. ..	2	8	2	12
(b) No. attending Occupation Centres .. ..	—	—	—	—
(c) No. receiving home training .. ..	—	—	—	—
(d) No. in remunerative employment .. ..	10	8	6	24

The position as regards the service is unchanged from my last report. The social worker visits all cases in turn and renders reports on the cases on licence, or home reports on those awaiting discharge. For a short period we had the services of a mental health home teacher for the cases that could benefit by simple methods of instruction and play. This service was greatly appreciated by the mothers who were thereby relieved of their endless burden of constant vigilance. Unfortunately with the resignation of the home teacher this relief was denied them.

Twenty-four of the higher grade cases are in remunerative employment and present only the problem of occasional supervision. There are now twelve awaiting institutional accommodation, two more than last year. This waiting list must increase year by year, in the meantime the burden of their care falls on the parents. The patients awaiting admission are of the low grade type and some are beyond human contact. A few others are destructive, noisy and anti-social in their behaviour. No relief can be afforded such homes until the cases are admitted to institutions. It does not require any great imagination to picture the misery and constant mental stress in such homes. As far as institutional accommodation goes there is a waiting list of over 1,000 cases in the area of the Sheffield Regional Hospital Board. This is the largest urgent waiting list of any of the regions in England and Wales. Those of us whose duty it is to visit such homes are in no doubt that a very strong case exists for urgent action in providing suitable accommodation even if capital expenditure is involved.

### **Birth Control Service.**

The clinic previously held at Rock House and administered by the Local Health Authority was transferred on the 24th August to the Family Planning Association. It is now held at the Child Welfare Centre, Adwick Road, Mexborough, and is known as the Mexborough Family Planning Clinic. The aim of the clinic is to assist married people in the planning of their families. A clinic run by such a voluntary association can give advice concerning a much wider range of problems than a Birth Control Clinic run under the control of the Ministry of Health.

### **CHILDREN LIKELY TO BE NEGLECTED OR ILL-TREATED IN THEIR OWN HOMES.**

The Divisional Medical Officer is the appointed co-ordinating officer for the investigation of cases of child neglect or ill-treatment. Committee meetings held at Dunford House are attended by the Senior

Sanitary Inspector and Health Visitor from each area, the Probation Officer, the Divisional Education Officer, School Welfare Officers, Assistant Children's Officer, a representative from the National Assistance Board and the Local Inspector of the N.S.P.C.C.

Information on cases under observation is exchanged and, as far as possible, care is taken to avoid visiting by too many case workers. The aim is to prevent serious child neglect arising. I think we had some success in our efforts, but I am of the opinion that until some form of compulsory re-education of the mothers involved is permitted by law we shall have no lasting success. Mothers of neglected children are not necessarily cruel—they are always bad managers, often plausible and generally indolent. Some are mentally dull. Prison sentences do not affect such people; they regard a period in prison as another stroke of bad luck. Poverty in the financial sense has no bearing on the matter as many of the worst families have perfectly adequate incomes.

The husband in such homes is either indifferent and goes his own way, spending a large part of the family income in so doing, or else he gradually sinks to the same level of squalor and degradation as his wife. A good mother often quite successfully shields the children from the evil influences of a bad father, but if a mother is a bad manager the children are almost sure to be neglected in spite of all the father may try to do.

To remove the children from such homes is a confession of failure, unless the children are cruelly treated, when no other course may be open. The problem is a complex one and there may be many factors that would help in a solution, but no lasting solution will be found without the re-education of the mother in homecraft and mothercraft. This in itself has given good results where it has been attempted and may well prove the cheapest way in the end. Re-educating people who have no wish to be educated is a problem in itself but the Brentwood Home in Cheshire and the Salvation Army Homes have proved it can be done.

It would be too simple to believe that the formation of a committee would solve this problem. All the cases under review have been well known to the Public Health Departments for many years, in some instances as far back as three generations. The problem is a serious one because this small section of the community contains a higher than average proportion of juvenile delinquents and young criminals and in addition the children and their parents are a constant source of anxiety to all who have to deal with them.

### CARE AND AFTER-CARE.

Admissions and discharges from all local hospitals are notified to the Medical Officer of Health. The scheme now covers the United Sheffield Hospitals and the Sheffield National Centre for Radiotherapy. Where these hospitals require information about a patient's home circumstances, for example, whether it will be wise to discharge the case; whether we can provide a Home Nurse, Home Help, or special nursing for premature babies, they merely contact the divisional office and the information is given them. Brief particulars of the care required by a patient are supplied and on this appropriate action is taken by the



nursing staff after consultation with the patient's family doctor. We are similarly informed of all discharges from sanatoria so that we can offer assistance and supervision. Discharges from mental hospitals are notified and in this case the patient is approached by a confidential letter stating that if they have any problems or difficulties our Mental Health Social Worker will be pleased to call and assist if they apply to the divisional office.

### **DETAILS OF ASSISTANCE AFFORDED BY THE HEALTH DEPARTMENT TO PATIENTS.**

	No. of cases.
Assisted by Midwife .. .. .	149
Assisted by Home Nurse .. .. .	106
Assisted by Health Visitor .. .. .	421
Nursing Equipment provided .. .. .	6
Home Help arranged .. .. .	12
Rehabilitation arranged .. .. .	2
Referred to Convalescent Homes .. .. .	2
Background Reports provided for Hospital Staffs .. .. .	496
Number of Patients referred to Medical Officer on Discharge ..	663

#### **Category of Patients assisted.**

Baby: Premature up to 5½ lbs. .. .. .	30
Normal over 5½ lbs. .. .. .	119
Children: 1—14 years .. .. .	103
14—18 years .. .. .	—
Adults: Over 18 years .. .. .	420
Chronic Sick: Persons in need of nursing care over a long period	64
Aged and Infirm: Any infirm over 65 years .. .. .	73
Handicapped: Blind, deaf and dumb, cripples .. .. .	3

#### **Diphtheria Immunisation.**

Diphtheria is becoming a rare disease, a few years ago outbreaks were commonplace and many deaths took place. When the disease reappears as it has done on occasions in some areas, the mortality is as high as it ever was. The disease has become a rarity owing to the success of immunisation in infancy followed by re-inforcing doses at appropriate intervals.

I am pleased to report that for the first time Wath and Rawmarsh show excellent figures for the age group 5—14: 76.8 and 79% immunised. Swinton retains its usual high figure of 89%. For the age group under 5 only one half to one third of the children are protected in each area. This means that if Diphtheria starts in the division it could easily spread through the infant population and produce an epidemic. Everyone must be made aware that it is the infants we must protect until at least 75% are immunised. All mothers should be informed that because Diphtheria is now a rare disease there is all the more need for immunisation as there is less chance of an infant developing a natural immunity through contact with small doses of the germ (natural resistance can only occur by these means). Where there is no natural resistance immunity must be supplied to take its place, i.e., by immunisation.

# DIPHTHERIA IMMUNISATIONS.

Urban District.	No. of Children Immunised in 1951.			No. of Children given booster doses during 1951.	No. of Children Immunised at any time up to 31/12/51.			Estimated Mid-Year Population.			Percentage.	
	Under 5 Yrs.	5—14 Yrs.	Total.		Under 5 Yrs.	5—14 Yrs.	Total.	Under 5 Yrs.	5—14 Yrs.	Total.	Under 5 Yrs.	5—14 Yrs.
Wath ..	215	79	294	240	696	1652	2348	1309	2151	3460	53.2%	76.8%
Swinton ..	144	153	297	375	567	1613	2280	1143	1800	2943	49.6%	89.6%
Rawmarsh ..	185	177	362	184	655	2285	2940	1691	2893	5484	38.7%	79.0%



A great deal of publicity has been given to the possible association of Poliomyelitis and immunisation against Diphtheria or Whooping Cough. No case of Poliomyelitis has been precipitated by immunisation in the division. Where such cases have arisen, injections have been given into the muscle and an unproved theory is that any damage to muscle substance may, in a person carrying the Poliomyelitis in their body, localise paralysis in the limb injected. It has been seen following various types of *muscle injection*, including penicillin injections. All Clinic Medical Officers are advised to give injections of A.P.T. and T.A.F. by the Deep Subcutaneous method and to avoid using muscle injections; similarly for Whooping Cough Immunisation. By this means all possibility of serious complication should be avoided.

### Number of Persons Vaccinated or Re-vaccinated during 1951.

Age at 31.12.51, i.e., born in years.	Under 1 1951.	1—4 1947/50.	5—14 1937/46.	15 or over, before 1937.	Total.
No. vaccinated:					
Wath .. ..	21	6	—	5	32
Swinton .. ..	13	3	4	3	23
Rawmarsh .. ..	15	3	—	3	21
No. re-vaccinated:					
Wath .. ..	—	—	—	12	12
Swinton .. ..	—	—	—	9	9
Rawmarsh .. ..	—	—	—	1	1

### Smallpox Vaccination.

Since the repeal of the Vaccination Acts in 1948 there has been a substantial decline in the number of children vaccinated in infancy. Smallpox is a most serious disease carrying a mortality of 30–50%. It is remarkable for its high rate of infectivity and the persistence of the infection; for periods of up to six months in dust, etc., where no disinfection has taken place. It is prevented by vaccination in infancy and re-vaccination either in later life or when an outbreak arises. Vaccination in infancy carries some slight risk of complications but these are much less than the complications that may arise if vaccination is carried out for the first time in later years. Re-vaccination is a simple procedure at all ages.

None of the modern drugs can prevent death in severe cases of Smallpox—this fact coupled with the yearly introduction of Smallpox to this country by sea and air from abroad makes the need for vaccination in infancy as great as it ever was. Many of the severe reactions seen in young people in the services following first vaccination in adult life would never occur if they had been vaccinated as infants when the complication rate is at its lowest.

That the public believe in vaccination is obvious by the insistent clamour for vaccination the moment a suspect Smallpox is diagnosed in any area; until a drug is developed that can cure Smallpox, vaccination in infancy remains the means of prevention. We should all do our utmost to encourage primary vaccination in infancy. The present position is one of extreme apathy.

## School Health Services in Division 26.

There are approximately 7,950 children of school age in the division. The health of these children is observed by routine medical inspection and by special inspection and supervision of those cases where any departure from normal health is detected. The special investigations, so necessary in such matters, are carried out, with the consent of the family doctor, by the services of the local hospitals. There is interchange of information at all levels with the family physician. The school health service in Division 26 undertakes no treatment save in some cases of Impetigo and discharging ears. Dr. M. R. Menzies is engaged mainly in school medical work including the selection of cases for suitable education and the grading of the handicapped pupils.

### Number of Inspections of Schoolchildren.

Entrants	..	..	..	..	..	..	..	652
Last year in Primary school	..	..	..	..	..	..	..	6
School leavers	..	..	..	..	..	..	..	573
Total	..	..	..	..	..	..	..	1,231
Number of Special Inspections	..	..	..	..	..	..	..	1,795
Number of Re-inspections	..	..	..	..	..	..	..	1,557
Total	..	..	..	..	..	..	..	3,352
Grand total of inspections carried out	..	..	..	..	..	..	..	4,583

In conjunction with the Service clinics are established as follows:

- (1) Ophthalmic Clinics are held at Dunford House and Barber's Avenue, with Dr. F. Fischer in charge.
- (2) Orthopaedic Clinics are held at Barber's Avenue, Mr. E. G. Herzog in charge.
- (3) Ear, Nose and Throat Clinic, Dunford House, Mr. P. H. Beales in charge. (This clinic was transferred to the Montagu Hospital 3.10.51.)
- (4) Paediatric Clinic, Barber's Avenue, Dr. C. C. Harvey in charge.
- (5) Child Guidance Clinic, Barber's Avenue (commenced May 1951), Dr. M. MacTaggart in charge.
- (6) Speech Therapy Clinic, Rock House, Swinton, Miss M. Fish in charge. (Commenced September, 1951.)
- (7) Ultra Violet Light, Dunford House and Barber's Avenue. (In the winter months only.)

### Child Guidance Clinic.

The Child Guidance Clinic is a great new asset to the school health service. Children suffering from behaviour problems, and mental stress are referred here, and, with the co-operation of their parents, it is hoped that a solution of the child's difficulties may be found before permanent damage has arisen. The services of the Education Psychologist are of value in assessing the capabilities of the more difficult educationally sub-normal children.

### Speech Therapy Clinic.

Children with speech defects are referred to this clinic. Gross cases of speech defect, such as are common in cases of cleft palate, etc., remain under instruction whilst the surgical repair of the condition is carried out.

### Infestation with Vermin.

Total number of examinations in schools by the School Nurse	29,015
Number of children found infected .. .. .	1,112
Expressed as a percentage .. .. .	3.8%

In general the degree of infestation is less than in previous years but there still exists a hard core of chronic infestation in a small number of unfortunate children. Where repeated cases come to light in the same children it is found that the centre of infection lies in the child's home. In such cases infestation is one of the manifestations of the problem family.

### General Observations.

I am pleased to report that the nutrition and health of the school children remains satisfactory.





# RAWMARSH URBAN DISTRICT COUNCIL

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## Annual Report of the Sanitary Inspector for the Year 1951

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*To the Chairman and Members of the  
Rawmarsh Urban District Council.*

August, 1952

Mr. Chairman, Madam & Gentlemen,

I have pleasure in submitting for your consideration my Annual Report on the sanitary circumstances of the district for the year ending 31st December, 1951.

During 1951 the control of the work of the Health Department was in the capable hands of my predecessor, Mr. H. Davis. It would, therefore, not be appropriate to comment on matters in connection with which I have had no responsibility. Accordingly the details under the various headings are essentially statistical.

I wish to express my thanks to the Chairman and Members of the Public Health Committee, the Clerk of the Council and Medical Officer of Health for their guidance and encouragement extended to me during the initial period of my employment with the Council. Mr. James, Additional Sanitary Inspector, has done everything possible to enable me to become conversant with the working of the Department and the sanitary characteristics of the District and my Foreman and Clerk have rendered invaluable assistance.

I am,

Mr. Chairman, Madam and Gentlemen,

Your obedient Servant,

G. RAWLINSON,

*Chief Sanitary Inspector.*

### GENERAL.

Inspections <i>re</i> alleged nuisances	..	..	..	..	1683
No. of nuisances in hand at end of 1950	..	..	..	..	129
Nuisances found in 1951	..	..	..	..	1065
Total nuisances needing abatement	..	..	..	..	1194
No. of nuisances abated	..	..	..	..	1138
No. of nuisances outstanding at end of 1951	..	..	..	..	56
No. of informal notices served	..	..	..	..	709
No. of informal notices complied with	..	..	..	..	690
No. of statutory notices served	..	..	..	..	32
No. of statutory notices complied with	..	..	..	..	26
No. of summonses or other legal proceedings	..	..	..	..	1

## WORKS EXECUTED.

The following repairs or sanitary improvements were effected following action taken by the Department during the year:

Defective roofs repaired .. .. .	70
Defective eaves, gutters and down spouting repaired or renewed	75
Damp walls repaired and remedied .. .. .	17
Dangerous walls rebuilt or demolished .. .. .	4
Dilapidated outbuildings repaired or demolished .. .. .	12
Dangerous and defective chimneys repaired and rebuilt .. .. .	15
Woodwork, floors and plaster repaired .. .. .	97
W.C. buildings repaired .. .. .	17
W.C. connections and fittings repaired and renewed .. .. .	36
New W.C. pedestals installed .. .. .	14
New sinks provided .. .. .	20
Sink waste pipes repaired or renewed .. .. .	14
Set-pots repaired or renewed .. .. .	8
Drains relaid (houses) .. .. .	12
Filth removed from cellars .. .. .	24
Choked drains and gullies cleansed .. .. .	176
Additional gullies provided .. .. .	6
Defective bins replaced .. .. .	179
Rats and mice—infestations cleared .. .. .	144
Verminous houses disinfested .. .. .	16
Insufficient water supply—supply improved .. .. .	46
Windows repaired or renewed .. .. .	25
Fireplaces repaired or renewed .. .. .	44
Yards and entries paved (or paving repaired) .. .. .	7
Vent shafts repaired or renewed .. .. .	5
Inspection chambers repaired .. .. .	9
Inspection chambers provided .. .. .	13
Sewer obstructions removed .. .. .	7
Sewer relaid (portion) .. .. .	1
Accumulations removed .. .. .	7
Urinals and W.C.'s cleansed .. .. .	3
Houses cleansed .. .. .	5
Reports to other Departments .. .. .	64
Miscellaneous .. .. .	6
Animals improperly kept .. .. .	4
Additional W.C.'s .. .. .	20

In addition to the above, repairs and improvements have been made as necessary at Council houses by the Council's workmen under the supervision of the Surveyor.

## HOUSING STATISTICS.

Number of dwellinghouses in the district .. .. .	5191
Number of back-to-back houses included in above .. .. .	—

### 1. Inspection of dwellinghouses during the year.

(1) (a) Total number of dwellinghouses inspected for housing defects (under Public Health of Housing Acts) .. .. .	504
(b) Number of inspections made for the purpose .. .. .	749



(2) (a) Number of dwellinghouses (included under sub-head (1) above) which were inspected and recorded under the Housing Consolidated Regulations .. .. .	67
(b) Number of inspections made for the purpose ..	92
(3) Number of dwellinghouses needing further action:	
(a) Number considered to be in a state so dangerous or injurious to health as to be unfit for human habitation .. .. .	4
(b) Number (excluding those in sub-head (3) (a) (above), found not to be in all respects reasonably fit for human habitation .. .. .	325
2. Remedy of defects during the year without service of formal notices.	
Number of defective dwellinghouses rendered fit in consequence of informal action by the Local Authority or their officers .. .. .	307
3. Action under Statutory Powers during the year.	
A. Proceedings under Sections 9, 10 and 16, Housing Act, 1936:	
(1) Number of dwellinghouses in respect of which notices were served requiring repairs .. .. .	Nil
(2) Number of dwellinghouses which were rendered fit after service of formal notices:	
(a) By owners .. .. .	Nil
(b) By Local Authority .. .. .	Nil
B. Proceedings under Public Health Acts.	
(1) Number of dwellinghouses in respect of which notices were served requiring defects to be remedied ..	58
(2) Number of dwellinghouses in which defects were remedied after service of formal notices:	
(a) By owners .. .. .	49
(b) By Local Authority in default of owners .. ..	—
C. Proceedings under Sections 11 and 13 of the Housing Act, 1936.	
(1) Number of representations, etc., made in respect of dwellinghouses unfit for habitation .. ..	3
(2) Number of dwellinghouses in respect of which Demolition Orders were made .. .. .	3
(3) Number of dwellinghouses demolished in pursuance of Demolition Orders .. .. .	6
D. Proceedings under Section 12 of the Housing Act, 1936.	
(1) Number of separate tenements or underground rooms, in respect of which Closing Orders were made ..	Nil
(2) Number of separate tenements or underground rooms, the Closing Orders in respect of which were determined the tenement or room having been rendered fit .. .. .	Nil

## 4. Housing Act, 1936—Part IV—Overcrowding.

(a) (1) Number of dwellings overcrowded at the end of the year .. .. .	177
(2) Number of families dwelling therein .. ..	306
(3) Number of persons dwelling therein .. ..	1485
(b) Number of new cases of overcrowding reported during the year .. .. .	20
(c) (1) Number of cases of overcrowding relieved during the year .. .. .	20
(2) Number of persons concerned in such cases ..	176

**New Houses.**

5. Number of new houses provided during the year:	
By the Local Authority: Permanent Type .. .. .	30
Temporary Type .. .. .	—
By Private Enterprise .. .. .	3

## 6. Housing Act, 1949.

Any action in connection with Section 20, "Grants to persons other than local authorities for improvement of housing accommodation" .. .. .	Nil
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**Temporary Dwellings.**

There are 9 movable dwellings in the district. In addition 40 hutments provide temporary accommodation for families at Red Ash Hill Camp. Inspections under this head total 102 mainly in connection with matters at the Camp.

The Ministry of Housing and Local Government sanctioned improvements at Red Ash Hill Camp. By the year end the most essential improvements—extra sanitary accommodation, sink and water to each hutment—were well in hand. The completion of these works will improve living conditions at the Camp and later the amenities of the better type of huts are to be further improved. A number of huts, particularly the Nissen type, are showing signs of dilapidation and can only have a short life.

**Water Supply.**

The source of the Council's water supply is from the Sheffield Corporation via Rotherham County Borough mains. All houses in the district obtain their supply from the Council's mains but at eight houses, where there is no convenient main, water has to be carried some distance.

The supply has been of satisfactory quality and, with few exceptions, in sufficient quantity. It was necessary to take action to improve the supply at 46 houses where, owing to corrosion in pipes or inadequate pipe sizes there was an insufficiency of water. The new reservoir, now nearing completion, will ensure the sufficiency of the supply in the higher parts of the district.

Three samples taken for chemical examination and two for bacteriological examination were found to be satisfactory.



## Sanitary Accommodation.

No. of water closets	.. .. .	5918
No. of additional W.Cs. provided at existing property in 1951	..	20
No. of W.Cs. provided at new houses in 1951	.. .. .	63
No. of pail closets	.. .. .	12
No. of Privies with open middens	.. .. .	33
No. of Privies with covered middens	.. .. .	17

It should be possible to convert 26 privies to water carriage drainage when the new reservoir makes available an adequate supply of water at the properties concerned.

## Verminous Houses.

No. of houses disinfested for vermin (bed bugs)	.. ..	16
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Treatment has been by means of spraying with liquid insecticide, by dusting with powder insecticide and by means of smoke-type generators.

## Rodent Control.

The sewers throughout the district were treated at six monthly intervals in accordance with Ministry of Agriculture methods to control rat infestation. One hundred and forty-four individual complaints of rats and mice were investigated and the necessary treatment undertaken.

The refuse disposal tip, sewage disposal works and other Council properties have been treated to eliminate rat infestations. No large scale infestation was found at any of these properties.

## Infectious Diseases.

Cases of notifiable disease were investigated and reports made to the Medical Officer of Health. Disinfestation was carried out as required. Infected library books were removed and disinfested prior to return to the Library.

## Atmospheric Pollution.

Inspections for this purpose are made by the staff of the Sheffield, Rotherham & District Smoke Abatement Committee and any complaints are referred to them for action. The industries of the district—iron and steel and chemical manufacture and coal mining—cause heavy atmospheric pollution which is particularly evident in Parkgate. Some alleviation is taking place by the adoption of the latest methods of dust and grit arrestation and by the increasing industrial usage of gas and electricity but there is no “short cut” to the elimination of our smoke problem. The occupants of houses sited adjacent to these industries have to tolerate the polluted atmosphere; the housing situation at present precludes the likelihood of closing these dwellings.

The Smoke Filter at the Council Offices has been in continuous operation and the Deposit Gauges and Lead Peroxide Candles at Aldwarke Road and Barbers Avenue are collected for examination monthly.



Average monthly figures for the year 1951 (January and December inclusive). The apparatus at Granby House was installed in October, 1951, and the three readings of the Deposit Gauge on which the figure is based were abnormally high.

	Nursery School.	Granby House.	Council Offices.
Deposit Gauge (Tons per sq. mile) ..	19.69	277.13	—
Lead Peroxide Apparatus (SO <sub>3</sub> in mg/ 1000 sq. cm./day) .. .. .	5.27	3.28	—
Smoke Filter (mg/100 cubic metres daily average) .. .. .	—	—	32.99

## FACTORIES ACT, 1937.

### 1. Inspections for Purposes of Provisions as to Health.

	No. on Register.	No. of Inspections.	Written Notices.
(1) Factories in which Sections 1, 2, 3, 4, and 6 are to be enforced by Local Authorities .. .. .	4	27	—
(2) Factories not included in (1) in which Section 7 is enforced by the Local Authority .. .. .	39	75	2
	<hr/> 43	<hr/> 102	<hr/> 2

### 2. Cases in which Defects were found:

	Number of cases in which defects were Found. Remedied.	
Want of cleanliness (S.1) .. .. .	3	3
Overcrowding (S.2) .. .. .	1	1
Unreasonable temperature (S.3) .. .. .	—	—
Inadequate ventilation (S.4) .. .. .	1	1
Ineffective drainage of floors (S.6) Sanitary Conveniences (S.7):	—	—
(a) Insufficient .. .. .	—	—
(b) Unsuitable or defective .. .. .	—	—
(c) Not separate for sexes .. .. .	—	—
Other offences against the Act (not including offences relating to Outwork .. .. .	2	2
	<hr/> 7	<hr/> 7

## Shops.

Twenty-nine inspections were made in connection with the enforcement of the Health provisions of the Shops Act, 1950.

## Meat and Other Foods Inspection.

All meat supplied to butchers in the area comes from either the Rotherham or Sheffield Abattoirs. No requests have been received from self-suppliers of bacon to inspect pigs slaughtered in the district.

Other foodstuffs, mainly tinned goods, were inspected at food premises on request, and where found to be unfit certificates were issued and the foodstuffs surrendered for disposal; the total weight of surrendered foodstuffs was 14 cwts.

## Milk.

Number of retail milk distributors — 26.

This figure includes 18 retailers who sell bottled sterilised milk from shops. No undesignated milk is sold in the district and all milk is bottled.

The following licences for designated milks were issued during the year.

	Dealer's.	Dealer's Supplementary.
Tuberculin Tested (Pasteurised) Milk ..	2	3
Pasteurised Milk .. .. .	2	4
Sterilised Milk .. .. .	22	3
Tuberculin Tested Milk .. .. .	1	—

One sample of Tuberculin Tested (Pasteurised), two samples of Pasteurised and three samples of Sterilised milk were taken for examination at the Public Health Laboratory, Wakefield. All samples satisfied the statutory tests.

## Ice-cream.

There are 42 premises registered for the sale and one for the manufacture and sale of ice-cream. The 42 premises sell pre-packed ice-cream which is in all cases manufactured outside the district. A number of mobile traders sell loose ice-cream in the district. There were 7 new registrations in 1951. 119 inspections of ice-cream premises were made but no samples were taken.

## Other Food Premises.

No. of visits to Bakehouses .. .. .	79
No. of visits to Fried Fish Shops .. .. .	63
No. of visits to Other Food Shops .. .. .	166
No. of visits to Butchers' premises .. .. .	57

No special action was taken in regard to food hygiene.

## Public Cleansing Service.

Refuse collection and disposal, salvage operations, gully cleansing, sewer flushing and the cleansing of public conveniences are dealt with by the Department.

The vehicles employed are 2 modern "Karrier" 10 cubic yard refuse collectors, 1 "Karrier" Bantam 7 cubic yard vehicle, 1 "Karrier" vehicle

of 4 cubic yards capacity and 1 "Bedford" open lorry. In addition one horse is kept. The oldest "Karrier" vehicle is becoming unserviceable, and a replacement vehicle will be required.

A foreman and twenty-six men were engaged on this work. The yield of refuse is comparatively heavy owing to the number of miners in the District.

All the refuse is disposed of by Controlled tipping at Clay Pit Lane, the farthest point of collection from the tip being approximately 2 miles. The tip is treated to prevent rat infestation and dusted with insecticide powder to eradicate crickets and restrict fly breeding. The untipped portion of the site, about 5 acres, is under cultivation by the Department and as tipping proceeds soil is dug out and used for covering the final tipped surface. The soil-covered part of the tip has also been cultivated.

Details of refuse removed and approximate costs:

No. of motor loads of refuse	..	..	..	..	..	4,289
No. of cart loads of refuse	..	..	..	..	..	374
Total No. of loads of refuse	..	..	..	..	..	4,663
Total estimated weight based on test weighings	..	..				8,680 tons
No. of premises from which collections are made	..	..				5,462
Net Cost of refuse collection and disposal	..		Approx.			£7,200
Cost per ton	"	"	..	"		16s. 7d.
Cost per premises	"	"	..	"		£1 6s. 4.37d.
Cost per 1000 premises	"	"	..	"		£1,318 3s. 11 $\frac{3}{4}$ d.
Cost per 1000 inhabitants	"	"	..	"		£383 2s. 5d.

In conjunction with refuse collection and disposal work salvage operations have been continued. The income from salvage totalled £2,081, an increase of £1,409 above the 1950 figure. Salvage income was approximately equal to a 7 $\frac{1}{4}$ d. rate yield. The increase was principally due to greater paper salvage for which a higher price was obtained. In order to stimulate the salvage of paper a workmen's bonus scheme was introduced in December; it is too early to assess the results of this scheme. The quantities of salvage collected with the corresponding receipts are shown:

	T.	C.	Q.	L.	£	s.	d.
Paper .. ..	110	8	0	0	1,677	17	0
Household Bones ..		10	3	0	3	1	5
Textiles .. ..	8	13	1	1	218	16	9
Ferrous Metal .. ..	39	6	3	0	150	11	0
Non-ferrous Metal ..		5	3	14	26	5	11
Bottles (55 doz.) .. ..		5	0	0 (approx.)	2	16	0
Cullett .. ..		16	0	0	1	12	0
	160	5	2	15	£2,081	0	1

In addition, income from private tipping amounted to £4 9s. 0d.

The aim has been to empty dustbins on a regular day each week, but staffing difficulties, holidays and the dilapidated state of dustbins at many houses in the District have made it difficult to maintain a regular working schedule. It has been increasingly difficult to get dilapidated



dustbins at privately owned properties replaced owing to their high cost and the indefinite legal position regarding the responsibility for dustbin provision. The answer to this problem would be for the Council to provide dustbins as a charge on the rate fund. Such a scheme would involve heavy initial expense and as the manufacture of galvanised dustbins is prohibited the inauguration of a scheme would not be opportune at present.

The cleansing of street gullies is done by hand and the contents being removed by horse-drawn tumbler cart; this obsolete and unhygienic method of gully cleansing is being superseded by mechanical methods. Sewers are hand-flushed as required.

The six males and the two females public conveniences are cleansed daily.







